

dementia, following in a few hours the use of nitrous oxide. Insanity has followed ovariectomy and parturition when chloroform has been given.

Any toxic agent, more especially those which directly affect the nutrition of the nervous system, as alcohol, lead, belladonna, etc., will cause temporary disorder of intellect in the nervously unstable, and this temporary disorder may assume the form of true insanity; and this insanity generally, though not always, is acute delirious mania. Shock also may produce similar mental disorder, and must be considered as an element in surgical procedures. In the cases recorded, it had the least possible force. Should neurotic inheritance or neurosis in the individual "give us pause" in considering the expediency of operations not essential to life? This is a practical question for the surgeon and the neurologist. George H. Savage, M.D., F.R.S., in the *British Medical Journal*, Dec. 3d, 1887. L. F. B.

A CASE OF LINGUAL MONO-HEMIPLEGIA WITH CORTICAL LOCALIZATION—*Bernheim* (Nancy). French Association for Advancement of Science, sixteenth session, 1887. *Gazette des Hôpitaux*, p. 1,016, 1887.

It is known, through the experiments upon animals by Ferrier, and from clinical observations by Charcot and Pitre, that the lower third of the precentral convolution presides over the movements of the opposite side of the face and tongue, and that destruction of that territory produces facial and lingual hemiplegia. Therefore this center corresponds to the lower facial and hypoglossus. It has however not been possible thus far to dissociate these two centers. In all cases of glossoplegia due to cortical lesion of the precentral convolution, facial paralysis has coexisted. In Bernheim's case we have an isolated lingual hemiplegia. The patient was a girl 23 years of age, affected with multiple sarcomatous tumors, the first of which having been observed in 1886. Suddenly (Jan. 8th, 1887), a decided deviation of the tongue supervened, the tip pointing to the right. She swallowed easily, articulated fairly well, but could not whistle. No other paralysis was present, but the

pressure shown by a dynamometer was four degrees less with the right hand than with the left (fifteen degrees with the left, eleven with the right); three weeks later, ten with the left, seven with the right. The patient died on the 2d of February, lingual paralysis persisting. The autopsy revealed, in addition to the generalized sarcomata, a cortical lesion consisting of an excavation of five to six mm. in depth and in diameter, and caused by a sarcomatous hemorrhagic clot. This lesion was situated at the lower border of the inferior end of the precentral convolution. The conclusion from this case therefore is, that at the lowermost extremity of the precentral convolution there is a special center, the cortical center of the hypoglossus. G. W. J.

URINE OF TABETICS.—At the same session of the above society, Charles Livon and Henry Alezais (Marseilles) read a paper upon the Urine of Tabetics. From a series of experiments they arrive at the following conclusions :

1. There is in tabetics a tendency to a diminution in the amount of urea excreted in twenty-four hours.
2. Diminution of the total amount of phosphoric acid eliminated with a proportional increase of the phosphates.
3. Considerable variation in the amount of chlorides eliminated, with a tendency to an increase.
4. Intravenous injections of tabetic urine seem to be fairly toxic, twelve to forty-four cubic centimetres for each kilo. of animal, were required to produce death in dogs by this means. G. W. J.

THE DISEASE OF THE TICS CONVULSIFS.—*Burot* (de Rochefort), *Gazette des Hôpitaux*, p. 1,042, 1887.

At the sixteenth session of the French Association for Advancement of Science held at Toulouse, Burot read a paper under the above title, which had first been employed by Charcot, and which affection Gilles de la Tourette has described as a nervous affection characterized by motor inco-ordination, with cholalia and coprolalia, the American Jumpers, the *Tatah* of Malasia, and the *Majirachik* of Siberia probably belonging to the same class. Burot's patient was